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<b>FEE TRANSMITTAL</b>		<b>Complete if Known</b>	
		Application Number	10/590,493-Conf. #1082
		Filing Date	June 8, 2007
		First Named Inventor	Takahide Kohro
		Examiner Name	C. D. Ricci
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1628
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>150.00</b>
		Attorney Docket No.	032218A

<b>METHOD OF PAYMENT (check all that apply)</b>			
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account		<input type="checkbox"/> Other (please identify):	
Deposit Account Number: 50-2866		Deposit Account Name: Westerman, Hattori, Daniels & Adrian, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			

**FEE CALCULATION**

<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	380	190	620	310	250	125	
Design	250	125	120	60	160	80	
Plant	250	125	380	190	200	100	
Reissue	380	190	620	310	750	375	
Provisional	250	125	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Small Entity</b>	
						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						60	30
Each independent claim over 3 (including Reissues)						250	125
Multiple dependent claims						450	225
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>		<b>Multiple Dependent Claims</b>	
4		x				<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>			
2		x					
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =	/50 =	(round up to a whole number) x					
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): 1251 Extension for response within first month							150.00

<b>SUBMITTED BY</b>			
Signature	Registration No. (Attorney/Agent)	56,527	Telephone (202) 822-1100
Name (Print/Type)	Ryan B. Chirnomas		Date March 22, 2012